PRINCIPLES OF LONG-TERM CARE FOR SOCIAL SERVICES DIRECTORS

WHEN & WHERE
JUNE 20-21, 2019 — BRENTWOOD

WHAT’S IT ALL ABOUT?
THCA is once again offering our Principles of Long Term Care for Social Services Directors course. Social Services Directors’ jobs are more complex as regulations have become increasingly stringent. Both course days cover critical information for new social services directors; seasoned directors may also want to register for a refresher.

SEMINAR FACULTY
Dusty Linn, LCSW, has 20 years of experience in long term care and is currently an instructor on social services topics, dementia training, and validation theory, among others. She is from Arkansas.

Linda Estes, RN, BS, NHA, THCA director of quality and regulatory affairs

Kathy Samples, LCSW, director of social services, West Meade Place

SEMINAR AGENDA

**Day One Agenda**
8:00 – 9:15 am  The Role of the Social Services Director in Skilled Nursing Facilities
9:15 – 10:00 am  The Survey Process: Quality of Life and QAPI
10:15 am – Noon  The New Resident Rights; The Role of the Ombudsman
12:45 – 2:00 pm  New Abuse Definition, Documentation and Reporting Requirements
2:00 – 4:00 pm  Social Services Care Planning and Documentation; Advance Directives

**Day Two Agenda**
8:00 – 10:00 am  Tennessee Topics: Choices, PAE, PASRR, and QuILTSS
10:15 am – 12:15 pm  MDS Sections B, C, D, E and the RAI Process
1:00 – 2:00 pm  MDS Section Q Discharge Planning
2:00 – 3:00 pm  Working with Families; Complaints and Grievances; Resident Trust Funds
3:15 – 4:00 pm  Taking Care of Yourself

WHO SHOULD ATTEND?
Nursing Home Social Services Directors
REGISTRATION FORM  Principles of Long-term Care for Social Services Directors

☐ JUNE 20-21, BRENTWOOD

Name_________________________________________            Facility_________________________________________

Name_________________________________________            Facility or administrator e-mail_____________________

Name_________________________________________            Person completing form____________________________

CARDHOLDER’S NAME_____________________________            SIGNATURE______________________________

CHOOSE YOUR METHOD OF PAYMENT

☐ VALUE + PLUS EDUCATION check must be received before the seminar.

☐ Check. If check does not accompany registration, please indicate the date of payment. This should be before the seminar date.

☐ MasterCard     ☐ Visa     ☐ American Express

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16   Exp. date

Cardholder’s name_____________________________            Signature______________________________

Cardholder’s mailing address (where credit card bill is received)_________________________________________________________

MAIL REGISTRATION TO: THCA, P.O. Box 440548, Nashville, TN 37244-0548, or fax to (615) 834-2502